

5th AR BDE, DIV WEST

Brigade Inprocessing

Rank/Name: _____

Unit Assigned: _____

DATE	ARRIVE	DEPART
FINANCE		
EVALUATIONS		
EMILPO		
TDA		
ALPHA ROSTER		

**LAST ACTION PERSON PLEASE FILE
IN THE ACTIVE FILES.**

5th Armored Brigade Inprocessing Checklist

SOLDIER'S NAME:

BRIGADE S1 (RM 107)

Copy of ORB/ERB, 2-1, 2A/2B (for SIDPERS turn in)

2 Copies of PCS/Transfer Orders

Copy of last OER/NCOER

OER/NCOER Maintenance Memo

Brigade Personnel Questionnaire

Mobilization Personnel Admin (MOBPAC)

DA Form 3955 (Change of Address Card)

DA Form 647-1 (Personnel Register)

DA Form 7274 (Sponsorship Program Survey)

Meal Card (RC/NG only)

Finance (PCS and DITY move)

EFMP Enrollment

Medical, Family Practice EACH (Intra-post transfers only)

Dental, DC #1 (Intra-post transfers only)

CIF (Intra-post transfers only)

Army Knowledge On-line Account

Read the Brigade/Division/5th Army Policy Letters

Verify My Pay Account

BDE EO NCO

Office Call BDE CSM (All Enlisted)

Office Call with Brigade Commander (E8-E9, CPT above only)

BRIGADE S2 (RM 116)

Check JPAS or clearance and enter if necessary

Complete NDA

Clearance current or proper actions taken

Check favorable background information

Entered into Brigade SCAR

SIPR account

Courier card

FC 66-1E

BRIGADE S3

Brigade Schools

BRIGADE PAO (RM 312)

Hometown news release

BRIGADE RMO (RM 124)

GTC Application or maintenance form

GTC Statement of Understanding

Defense Travel System (DTS)

BRIGADE IMO (RM 338)

Establish Email Account

BRIGADE CHAPLAIN (347)

Information sheet

HHC

Inprocessing Checklist

Personnel (Ms. Tudhope)

Collect 201 file from Soldier (disk for DA 2-1)
Update DD93 if needed (RC only)
DD Form 8286 (RC only)
Copy of Current orders
Current DD Form 4 Enlistment/Re-Enlistment Cntct
DD 214/215 for any break in service
Current promotion orders
Update RLAS data (RC Only)
Family Care Plan if required
Alert Roster

Supply (SSG Ballo)

Clothing Record
CIF Printout
Unit Patch/crest
OCIE issue (TPU only)
PT Belt

Training (SFC Christmas)

Training Record
APFT Card
Weapon Qualification Card
ADSO E7+
Motorcycle Safety Checklist

Schools (SGT Townsend)

Enrollment/eligibility

Command

Office Call with 1SG (enlisted only)
Office Call with Company Commander

5th Armored Brigade

In-processing Questionnaire

PRIVACY ACT STATEMENT: Authority: Title 5, USC, Section 301.

PRIMARY PURPOSE: To account for and maintain data relating to assigned or attached active/reserve duty military personnel.

SECONDARY PURPOSE: To provide supplemental records screen to verify dependents, marital status, and family care plan requirements.

ROUTINE USE: Recording of other personnel management data not shown elsewhere; e.g. local address, phone number, etc. for emergency and alert purposes.

DISCLOSURE: Mandatory disclosure of local address, telephone number, name and address of next of kin, and dependents is required for notification of emergency to the Soldier or next of kin.

PERSONNEL INFORMATION:

*Name (last/first/mi): _____ *Rank: _____ *SSN: _____

*Unit (Bn/Company): _____ *Duty Position: _____ *Duty Phone: _____

*BASD: _____ *ETS: _____ *DOB: _____ *Blood Type: _____

*PMOS: _____ *MOS: _____ *SMOS: _____ *ASIs: _____

*Date arrived at duty assignment: _____ *Highest Ed. Level: _____

*Year Graduated: _____ *Security Clearance: _____ *DOR: _____

*Home of Record: _____

*Last OER/NCOER Closeout Date: _____ *Year Group (Off): _____

*Bar to Reup (Y/N): _____ *Date Last Photo: _____ *Promotable (Y/N): _____

*Date Last Physical: _____ *Date Last Dental Appt: _____

*Anticipated date of retirement: _____ *Previous Awards: _____

*Do you have Sure Pay (Y/N): _____ Is this a joint account w/spouse (Y/N): _____

Do you have a current will (Y/N): _____ Location: _____

Does spouse have a power of attorney (Y/N): _____

Boots size: _____ ACU Size: _____ Cap Size: _____

NEXT OF KIN INFORMATION:

*Name/address/relationship: _____

*Notify above Next of Kin of emergencies (Y/N): _____

HOME INFORMATION:

*Local/Home address: _____

*Home phone: _____

***DESIGNATES MANDATORY INFORMATION**

5th Armored Brigade

Inprocessing Questionnaire (cont)

FAMILY INFORMATION:

*Martial status:_____ Spouse Name:_____ *Date of Marriage:_____

*# of Dep (include spouse):_____ Is Spouse EFMP (Y/N)?

Is Spouse US Citizen? Y/N Does Spouse Drive (Y/N)?

Are you responsible for any adults incapable of self care (Y/N)?

Were you previously required to maintain a family care plan (Y/N)?

Are you a single parent? (Y/N)

Is your spouse in the military/dual military? (Y/N) Branch:_____

Do you have sole custody of children? (Y/N)

Do you want your spouse in Family Support Network (Y/N)?

Do you wish to receive post events and unit newsletter by email (Y/N)?

If yes to above, provide home email:_____

Child(ren) info

Name	DOB	EFMP (yes/no)
------	-----	---------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe nature of EFMP or any medical or other conditions in your family that require special Attention:_____

**IMPORTANT: BDE maintains one copy of
questionnaire, and gives one copy to the
Soldier for the unit of assignment**

***DESIGNATES MANDATORY INFORMATION**

5th Armored Brigade

OER/NCOER MAINTENANCE

Name _____

Unit _____ Phone _____

To: Brigade S1 OER/NCOER Clerk

I give permission for copies of my old OERs or NCOERs to be maintained by the Brigade S1 OER/NCOER Clerk.

(Print name)

(Signature/Date)

PERSONNEL REGISTER						
For use of this form, see AR 600-8-6, the proponent agency is DDOS PER						
NAME			ORGANIZATION			
SIGNATURE			SOCIAL SECURITY NUMBER		GRADE	
DATE	ACTION		REASON			
	IN	OUT	LEAVE	TDY	PCS	OTHER
TIME						
REMARKS						

DA FORM 647-1, 1 AUG 78

EDITION OF 1 MAY 78 IS OBSOLETE U.S. GPO: 1988-454-110-1024

PRINT NAME (Last, First, MI)		GRADE	SSN	PURGE DATA
NEW ORGANIZATION (Complete Designation)		BOX NUMBER		
<p>DATA REQUIRED BY THE PRIVACY ACT OF 1974, AUTHORITY: Title 38 USC and DOD/Postal Service Agreement, 2 Feb. 59. PRINCIPAL PURPOSE: To route and forward (Directory) mail. ROUTINE USES: Used by Army military and civilian personnel in mail functions and address inquiries. Data are inspected by commanders, postal officers, and military and civilian inspectors. DISCLOSURE: Voluntary. However, failure to provide the requested information could result in delay/inability to forward mail.</p>				
OLD MAILING ADDRESS (include BOX No., if any, and ZIP Code)		NEW MAILING ADDRESS (include ZIP Code)		
DATE DEPARTED OLD ORG		DATE DUE NEW ORG		
QUARTERS/OFF POST ADDRESS		REMARKS		
CONSENT: <input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT CONSENT TO RELEASE THE ABOVE HOME ADDRESS OR SSN TO THIRD PARTIES		(IF DEPARTING, COMPLETE BELOW ITEMS) HEADQUARTERS ISSUING ORDERS		
SIGNATURE	DATE	ORDER NUMBER	ORDER DATE	

DA FORM 3955

1 FEB 78

EDITION OF 1 AUG 78 MAY BE USED.

CHANGE OF ADDRESS AND DIRECTORY CARD

For use of this form, see AR 600-8-6, the proponent agency is DDOS PER

SPONSORSHIP PROGRAM SURVEY <small>For use of this form, see AR 600-8-8: the proponent agency is ODCSPER</small>																																																																																	
UNIT OR ACTIVITY					RANK/GRADE																																																																												
This survey is being conducted as part of a continuing effort to improve the sponsorship program. INSTRUCTIONS: Check the appropriate box for each question or write in the information requested.																																																																																	
1. Were you offered a sponsor either before or after arrival? <input type="checkbox"/> Yes <input type="checkbox"/> Yes, but I declined <input type="checkbox"/> No																																																																																	
2. If you had a sponsor, when did that sponsor first contact you? a. 90 or more days prior to my arrival b. Less than 90, but more than 30 days prior c. 30 or less days prior d. Upon arrival at the installation					4. How helpful was your new unit or activity during your PCS move? a. Extremely helpful b. Very helpful c. Moderately helpful d. Slightly helpful e. Not at all helpful																																																																												
3. How helpful was your sponsor during your PCS move? a. Does not apply; I did not have a sponsor b. Extremely helpful c. Very helpful d. Moderately helpful e. Slightly helpful f. Not at all helpful					5. How helpful was your old unit or activity during your PCS move? a. Extremely helpful b. Very helpful c. Moderately helpful d. Slightly helpful e. Not at all helpful																																																																												
6. Using the scale below, indicate how helpful each type of service below was for you (and your family)? Mark a response for each. <div style="text-align: center; margin: 10px 0;"> a. Did not need the service b. Service was not available c. Extremely helpful d. Very helpful e. Moderately helpful f. Slightly helpful g. Not at all helpful </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th style="text-align: center;">a</th> <th style="text-align: center;">b</th> <th style="text-align: center;">c</th> <th style="text-align: center;">d</th> <th style="text-align: center;">e</th> <th style="text-align: center;">f</th> <th style="text-align: center;">g</th> </tr> </thead> <tbody> <tr> <td>Letter from your sponsor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Welcome packet</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Installation newcomer orientation</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Unit orientation</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ACS overseas orientation briefings</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ACS overseas video</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ACS individual relocation counseling</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ACS automated relocation information system</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>											a	b	c	d	e	f	g	Letter from your sponsor								Welcome packet								Installation newcomer orientation								Unit orientation								ACS overseas orientation briefings								ACS overseas video								ACS individual relocation counseling								ACS automated relocation information system							
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ACS overseas video																																																																																	
ACS individual relocation counseling																																																																																	
ACS automated relocation information system																																																																																	
7. Overall, how satisfied are you with the sponsorship assistance you received at your current location? a. Very satisfied b. Satisfied c. Neither satisfied nor dissatisfied d. Dissatisfied e. Very dissatisfied					8. Overall, how well is the sponsorship program working? a. Very well b. Well c. Not sure d. Poorly e. Very poorly																																																																												
9. Why is the sponsorship program not working well? Mark all that apply. <div style="margin-top: 10px;"> a. Does not apply: it is working well b. Sponsors are not carefully selected c. Sponsors are not well informed or trained d. Sponsors do not take the job seriously e. Commanders do not fully support the program f. Soldiers or civilian employees do not know about it </div>																																																																																	
g. Other reason																																																																																	



"PRIVACY ACT BRIEFING"

Privacy Act of 1974 (5USC 552a):

(a) Purpose is to provide certain safeguards for an individual against an invasion of personal privacy. Release of Privacy Act Info without express consent of the above soldier is punishable both under civil and criminal penalties of law. **EXTRACT FROM 32CFR Ch.1: Para 311.4 (Policy)**

(b) Each office maintaining records and information about individuals shall ensure that their privacy and protected from unauthorized disclosure of personal information.

In the course of my duties with the 5th Armored Brigade I understand that it is my responsibility to ensure the privacy and safeguard of information for each soldier I come in contact with. I also understand that release of information covered under the Privacy Act can only be obtained by third parties by application under the Freedom of Information Act.

**I have been briefed and understand the consequences for violation
of the Privacy Act of 1974**

RANK/NAME: _____

SIGNATURE: _____

DTS INSTRUCTIONS

Additional Options

- Profile Information* – Changes or additions to the traveler's personal information.
- Per Diem Limitations* – Changes in this section modify the traveler's entitlements.

Review / Sign

- Click the **Review/Sign** menu. The *Preview* screen appears. Review the information. Use the edit or remove link to change or update information. If necessary, add comments to the A.O.
- Click **Save and Proceed To Pre-Audit** button at the bottom of the page. Enter justifications to the AO in each comment box of the flagged items. *Justifications are mandatory.*
- Click **Save and Proceed To Digital Signature** (Optional) – Click **Other Staffs**. If special documentation needs to appear on the orders, click the link **Add Additional Authorizations for this trip**. Add a check in the box next to appropriate authorization.
- Click the **Add** button located at the bottom of the page. Add the appropriate Parameters that need to appear on the orders.
- Click **Digital Signature** and select the **Signed** stamp.
- (Optional) Enter additional comments in the Remarks box.
- Click the **Submitting Completed Document** button.
- Enter your CAC PIN then click **OK**.

ADJUSTING/AMENDING DOCUMENTS

The traveler can easily edit a document stamped **SIGNED**. An *Amendment* is a change made to an *Authorization* or *Voucher* **before** the AO applies the **APPROVED** stamp. An *Amendment* is a change made to an *Authorization* or *Voucher* **after** the AO applies the **APPROVED** stamp.

Creating an Adjustment

- Select **Voucher** from the **Official Travel** drop-down menu.
- Click **View/Edit** next to the document to be adjusted.
- Open document **new-only**. I.
- Decide the **New-Only** box to make changes to the document.
- At **Digital Signature** window, enter your CAC PIN.
- View the **Preview** screen and select the **Edit** link next to the areas that need adjusting.
- Under the **Review/Sign** menu, click on **Pre-Audit** to add justifications for any changes made.
- Click **Save and Proceed to Digital Signature** and stamp the document **SIGNED**.

Creating An Amendment

- Select **Voucher** from the **Official Travel** drop-down menu.
- Click **Amend** next to the desired document.
- Type justification for changes in the **Comment** box.
- At **Digital Signature** window, enter your CAC PIN.
- On **Preview** screen, click the **Edit** link next to the areas needing amending. Make and save changes.
- Click the **Digital Signature** link under **Review/Sign** and stamp the document **SIGNED**.
- At **Digital Signature** window, enter your CAC PIN.

Travel Instructions to Create a Voucher From Authorization



Defense Travel System

A Step-by-Step Guide

DTS Version 1.2.4.23 (October 1, 2004)
(See Chapter 4 to Document Processing Manual)

After travel, a *Voucher from Authorization* is created to update the traveler's *Authorization* (should exist) with the actual costs incurred during the trip.

Logging into DTS with a Common Access Card (CAC)

- Insert your CAC into reader.
- Using Internet Explorer, go to the website portal <http://dts.dhs.gov/defensetravel.com/>
- Click the **Login** button, read and select **Yes** at the **Security Alert** screen.
- Read and **Accept** the DoD Privacy and Rights Policy.
- When the digital signature window opens, the Key File will appear.
- Enter your CAC PIN then click **OK**.

Creating a Voucher

- On the DTS Private Page, hover mouse over **Official Travel**.
- Click **Voucher** from the drop-down menu.
- Create a voucher appears in the **Authorize Voucher** section.
- Click the **Create New Voucher from Authorization Order** link.
- Click the **Create** link next to the document to create a voucher.

1 Travel Itinerary

Note: Only use this procedure if trip dates have changed.

- Select **Itinerary** on the navigation bar.
- Adjust the **Start Date** or **End Date** field in the **Trip Overview** screen.
- Click **Proceed to Per Diem Location** button.
- Click **OK** to the **Confirmation Update** prompt.
- Click **OK** to the warning.
- Dates in fields are now populated with a question mark. Click the **Edit** link under **Locations** in the **Trip Summary** box.
- Click **OK** to the warning message.
- In the **Per Diem Location** (left box), change the dates accordingly.
- Click **Save Changes** and then click **OK** to the confirmation update message prompt.
- Click **Remove** next to the air segment that says, "Items not associated to TDY stop."
- Under **Travel** on the navigation bar click **Other Trains** to add changed flight ticket data.
- Click **Remove** next to **Lodging** and **Car Rental** (see respective sections to make changes).

2 Travel Reservations

- Select **Travel** from the top navigation bar.
- In the **Air Trip Summary** column, click the **Edit** link on the specific flight requiring changes.
- Click on **Change Ticket Data** link to update air travel changes. Under **Edit Ticket Information**, change the necessary fields.
- Click the **Save** button when complete.

3 Lodging

The traveler has the ability to adjust the **Lodging** and **Meal** if necessary. The **Per Diem Additions**

screen (where updates/changes to lodging should be made) allows the traveler to change one individual day or a range of days. (Do not add hotel sales taxes or room taxes in the **Lodging** section. These should be entered in the **Expenses** section.)

- Select **Travel** from the main navigation bar then, select **Lodging** from the sub-navigation bar.
- Under **Trip Summary** column click on the **Edit** link on the specific lodging that requires changes.
- The **Lodging** box displays specific lodging information from the **Authorization**.
- Change dates as necessary in the **Lodging** box.
- If lodging costs require updating, click on **Update Actual Lodging Cost** link. This will refresh the page to the **Per Diem Enrollment** page.
- Click **Edit** on the specific date where changes are necessary or click the **Remove** link to delete the specific lodging entry.

4 Rental Car

Any updates/changes made to **EXISTING Rental Car** information (if rental car was included as part of the authorization) should be made in the **Rental Car** section. If rental car was booked offline and/or was not included in the **Authorization**, the traveler must input the rental car (Commercial Auto) costs in the **Expenses** section.

- Select **Travel** from the main navigation bar, and then choose **Rental Car** from the sub-navigation bar.
- Click the **Edit** link next to the specific car rental that requires changes, or the **Remove** link to delete the specific car rental entry.
- From the **Car Rental** box, changes can be made to the **Dates**, **Times**, **Cost** and **Method of Return/Arrival**.

5 Expenses

- Click on **Expenses** in the navigation bar or select the **Continue** button at bottom page.
- After travel, trip expenses can be added, updated, or deleted in the **Expenses** section to reflect actual costs.

6 Lines of Accounting

- Note: **DO NOT add or remove a LOA** on a **Traveler from Authorization**. Funds from LOAs in the **Authorization** have already been determined. Changing LOAs would cause errors in both 1379s and the accounting system. If allocation of expenses has changed, click the **Allocate Expenses** button.
- Select the **Accounting Code** needed for each allocation.
- Select **Some Allocations** button. The **Expense Summary** box will display a breakdown of the expenses pertaining to each LOA.
- Select **Accounting** in the navigation bar or select **Continue** on the bottom of page.